

## **PROJECT SUMMARY SHEET**

NAME OF APPLICANT ORGANIZATION:

ADDRESS:

BUREAU OF CHILD DEVELOPMENT REGION:

COUNTIES IMPACTED BY GRANT PROPOSAL:

GRANT AMOUNT REQUESTED:

MATCH AMOUNT:

PROJECT SCOPE AND SUMMARY:

EVALUATION FRAMEWORK: PLAN FOR MEASURING PROGRESS TOWARDS  
THE PROJECT'S GOALS AND HOW OUTCOME WILL BE MEASURED:

PROJECT TIMELINES:

SIGNATURE OF GRANTEE \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF PROJECT CO-COORDINATOR: \_\_\_\_\_

DATE: \_\_\_\_\_

## PROJECT GOALS NARRATIVE

**GOAL I:** Strengthen child care environments so that Indiana's youngest citizens will be ready to be successful and enthusiastic learners in school environments.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

## PROJECT GOALS NARRATIVE

**GOAL II:** Provide community schools and other community systems with knowledge about the skills, experiences, and preparation that children bring from child care settings.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

## PROJECT GOALS NARRATIVE

**GOAL III:** Encourage community schools and child care settings to mutually support the most productive transition of all children from child care settings to local schools.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

## PROJECT GOALS NARRATIVE

**GOAL IV:** Provide families of young children with the knowledge about importance of quality child care and the contribution of quality child care to a successful transition to public school for their child's future success

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

## PROJECT GOALS NARRATIVE

**GOAL V:** Encourage the involvement of families in leadership roles and decision making.

### STATEMENT OF NEED:

Performance Objective	Performance Standard	Performance Assessment

**PROJECT GOALS BUDGET SUMMARY SHEET**  
**1-1-06 THRU 12-31-08 BUDGET PERIOD**

	GOAL I	GOAL II	GOAL III	GOAL IV	GOAL V	TOTAL
<b>SALARIES</b>						
<b>BENEFITS</b>						
<b>CONTRACTED SERVICES</b>						
<b>SUPPLIES</b>						
<b>TELEPHONE</b>						
<b>POSTAGE</b>						
<b>OCCUPANCY</b>						
<b>EQUIPMENT</b>						
<b>TRAVEL</b>						
<b>PRINTING</b>						
<b>OTHER (EXPLAIN ON ATTACHMENT)</b>						
<b>EVALUATION</b>						
<b>TOTAL REQUEST</b>						
<b>CASH MATCH</b>						
<b>IN-KIND MATCH</b>						
<b>TOTAL MATCH</b>						
<b>TOTAL PROJECT COST</b>						

**TOTAL BUDGET**

## **CERTIFICATION STATEMENTS AND ASSURANCES**

As a condition of participation for funding through the Ready to Learn Grant, the grantee must make the following assurances. These assurances shall be in effect throughout the funding period:

We assure that all information included in this application is true and correct.

We assure that the grantee is in good standing with the State Department of Revenue, Secretary of State's Office and Indiana Family and Social Services Administration.

We assure that the Ready to Learn strategies as described in the Request for Funds will be implemented.

We assure that we will provide data and reports electronically as requested by Bureau of Child Development.

We assure that a representative or representatives will attend quarterly "Quality Partner" meetings with Bureau of Child Development staff and other quality partners as well as other required trainings and meetings.

We assure that the grantee will demonstrate a cash or in-kind match with each claim submission.

Signature of Grantee: \_\_\_\_\_

Date: \_\_\_\_\_



## COMMUNITY PARTNERSHIP INFORMATION

**Please complete one for each member of the community partnership.**

☐ PLEASE CHECK IF THIS IS A REQUIRED MEMBER OF THE COMMUNITY PARTNERSHIP

☐ LETTER OF SUPPORT FROM CHIEF EXECUTIVE OFFICER AND GOVERNING BOARD REPRESENTATIVE ATTACHED

☐ MEMORANDUM OF UNDERSTANDING WITH GRANTEE ATTACHED

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

DESCRIBE PROPOSED ROLE IN THE COLLABORATION:

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DESCRIBE PRIOR SUCCESSFUL INTERACTION WITH OTHER PARTNERS:

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SIGNATURE OF PARTNER: \_\_\_\_\_

DATE: \_\_\_\_\_

## **READY TO LEARN GRANT SUBMISSION CHECKLIST**

THIS FORM SHOULD BE SUBMITTED WITH YOUR PROPOSAL

- ☐ PROJECT SUMMARY SHEET
- ☐ PROJECT GOALS NARRATIVE
- ☐ PROJECT GOALS BUDGET SUMMARY SHEET
- ☐ CERTIFICATION STATEMENTS AND ASSURANCES
- ☐ COMMUNITY PARTNERSHIP INFORMATION FOR EACH MEMBER OF  
COMMUNITY PARTNERSHIP
- ☐ LETTERS OF SUPPORT FROM CHIEF EXECUTIVE OFFICER AND  
GOVERNING BOARD REPRESENTATIVE FOR EACH COMMUNITY  
PARTNER
- ☐ MEMORANDUM OF UNDERSTANDING WITH EACH COMMUNITY  
PARTNER AND GRANTEE
- ☐ READY TO LEARN GRANT SUBMISSION CHECKLIST
- ☐ FSSA PROVIDER DATA FORM
- ☐ TAXPAYER IDENTIFICATION FORM
- ☐ DIRECT DEPOSIT FORM